## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/536923

| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                       |                                                |                                                 |                                                     |                                           |                    |                                     |   | SMALL ENTITY        |                        | OTHER THAN |                         |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|-------------------------------------------|--------------------|-------------------------------------|---|---------------------|------------------------|------------|-------------------------|------------------------|
| (Column 1) (Column 2)                                                                                                                                                                                                                                                          |                                                |                                                 |                                                     |                                           |                    |                                     |   | TYPE                |                        | OR<br>-    | SMALL                   | ENTITY                 |
| U.S. NATIONAL STAGE FEES                                                                                                                                                                                                                                                       |                                                |                                                 |                                                     |                                           |                    |                                     | • | RATE                | FEE                    |            | RATE                    | FEE                    |
| BAS                                                                                                                                                                                                                                                                            | SIC FEE                                        |                                                 | SMALL ENT. = \$ 150                                 |                                           | LAR                | GE ENT. = \$ 300                    |   | BASIC FEE           |                        | OR         | BASIC FEE               | 300                    |
| EXAMINATION FEE                                                                                                                                                                                                                                                                |                                                |                                                 | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |                                           |                    | ther situations = 100 / \$ 200      |   | EXAM. FEE           |                        | 1          | EXAM. FEE               | 200                    |
| SEARCH FEE                                                                                                                                                                                                                                                                     |                                                |                                                 | U.S. is ISA = \$ ALL other cou \$ 200 / \$          | ıntries =                                 |                    | ther situations = 3<br>250 / \$ 500 |   | SEARCH FEE          |                        |            | SEARCH FEE              | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                                                                                                                                                                                                                                       |                                                |                                                 | minus 100 =                                         |                                           |                    | / 50 =                              |   | X \$ 125 =          |                        |            | X \$ 250 =              |                        |
| тот                                                                                                                                                                                                                                                                            | AL CHARGEA                                     | BLE CLAIMS                                      | 3/ minus 20 =                                       |                                           | 11                 |                                     |   | X \$ 25 =           |                        | OR         | X \$ 50 =               | 550                    |
| INDI                                                                                                                                                                                                                                                                           | EPENDENT CL                                    | AIMS                                            | 3. m                                                | inus 3 =                                  | *                  |                                     |   | X \$ 100 =          |                        | OR         | X \$ 200 =              |                        |
| MUL                                                                                                                                                                                                                                                                            | TIPLE DEPEN                                    | DENT CLAIM PR                                   | ESENT                                               |                                           |                    |                                     |   | + \$ 180 =          |                        | OR         | + \$ 360 =              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                       |                                                |                                                 |                                                     |                                           |                    |                                     | • | TOTAL               |                        | OR         | TOTAL                   | 1400                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                  |                                                |                                                 |                                                     |                                           |                    |                                     |   | SMALL ENTITY        |                        | OR         | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                    |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                                                     | HIGH<br>NUM<br>PREVIO<br>PAID             | BER<br>DUSLY       | PRESENT<br>EXTRA                    |   | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                | Total                                          | *                                               | Minus                                               | **                                        |                    | =                                   |   | X \$ 25 =           |                        | OR         | X \$ 50 =               | •                      |
|                                                                                                                                                                                                                                                                                | Independent                                    | •                                               | Minus                                               | ***                                       |                    | =                                   |   | X \$ 100 =          |                        | OR         | X \$ 200 =              |                        |
|                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |                                                     |                                           |                    |                                     | ĺ | + \$ 180 =          | -a- · ·                | OR         | + \$ 360 =              |                        |
|                                                                                                                                                                                                                                                                                |                                                |                                                 |                                                     |                                           |                    |                                     |   | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE     |                        |
|                                                                                                                                                                                                                                                                                |                                                |                                                 |                                                     |                                           | 0                  | (Oakuma 2)                          |   |                     |                        |            |                         |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                    | ,                                              | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                                                     | (Colum<br>HIGHI<br>NUME<br>PREVIO<br>PAID | EST<br>BER<br>USLY | PRESENT EXTRA                       |   | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                | Total                                          | *                                               | Minus                                               | **                                        |                    | =                                   |   | X \$ 25 =           |                        | OR         | X \$ 50 =               |                        |
|                                                                                                                                                                                                                                                                                | Independent                                    | *                                               | Minus                                               | ***                                       |                    | =                                   |   | X \$ 100 =          |                        | OR         | X \$ 200 =              |                        |
| `                                                                                                                                                                                                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |                                                     |                                           |                    |                                     |   | + \$ 180 =          |                        | OR         | + \$ 360 =              |                        |
|                                                                                                                                                                                                                                                                                |                                                |                                                 |                                                     |                                           |                    |                                     | ٦ | OTAL ADDIT.<br>FEE  |                        | OR         | TOTAL ADDIT.<br>FEE     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". |                                                |                                                 |                                                     |                                           |                    |                                     |   |                     |                        |            |                         |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.